

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5528AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2010
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK AT SAN MARTIN		STREET ADDRESS, CITY, STATE, ZIP CODE 8374 COPAVILLA AVE LAS VEGAS, NV 89113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/14/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of B. The facility is licensed for 132 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 72. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 12/15/10, the facility failed to ensure 2 of 15 employees met	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 background check requirements of NRS 449.176 to 449.188 (Employee #12 was missing state and FBI background check results and Employee #14 was missing an FBI background check). Severity: 2 Scope: 1	Y 105			
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 12/14/10, the facility failed to ensure the premises was clean and well maintained (The dumpster lids on both dumpsters located on the back parking lot were left with the lids open and trash was accumulated on the ground around the dumpsters). Severity: 2 Scope: 1	Y 178			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must:	Y 255			

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Y 255	<p>Continued From page 2</p> <p>(a) Comply with the standards prescribed in chapter 446 of NAC.</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 12/14/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1 Critical Violations:</p> <p>a. The person in charge of the kitchen at the time of the inspection was not food safety certified.</p> <p>b. Two containers of liquid eggs were at 68 degrees F. on a cart by the stove.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. There were unlabeled and undated containers of beef gravy and cooked rice in the reach-in refrigerator on the cook's line, and there were opened, undated containers of sour cream in the reach-in refrigerator on the cook's line and in the walk-in refrigerator.</p>	Y 255			

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Y 255	Continued From page 3 b. There were wet wiping cloths on the food preparation surfaces on the cook's line, and the sanitizer in which the wiping cloths should have been stored was not at the appropriate concentration. Severity 2: Scope: 3	Y 255			
Y 435 SS=D	Blank This Regulation is not met as evidenced by: Based on observation on 12/14/10, the facility failed to ensure that 1 of 20 facility fire extinguishers were inspected annually and that 1 of 20 fire extinguishers was functional (The fire extinguisher adjacent to room #226 was last inspected on 10/1/09 and the gauge on fire extinguisher adjacent to room 143 was in the red indicating that it was no longer carrying a charge). Severity: 2 Scope: 1	Y 435			
Y 620 SS=D	449.2702(4)(a) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.	Y 620			

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Y 620	Continued From page 4 This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. Based on record review, observation and interview on 12/14/10, the facility admitted 1 of 72 residents who was bedfast (Resident #11). Severity: 2 Scope: 1	Y 620			
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on observation, interview and record review on 12/14/10, the facility would be unable to	Y 878			

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Y 878	Continued From page 5 administer as needed (PRN) medications as prescribed for 1 of 15 residents because their PRN medications were not available in the facility (Resident #2- Albuterol Sulfate and Atrovent) Severity: 2 Scope: 1	Y 878			

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